

Atty Docket No. 021447-000710US

PTO FAX NO.: 1-571-273-8300
1-571-273-4771

ATTENTION: Examiner Aaron Roane

Group Art Unit 3739

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Aaron Roane

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I hereby certify that the following documents in re Application of CSABA TRUCKAI et al., Application No. 10/676,841, filed September 30, 2003 for ELECTROSURGICAL INSTRUMENT AND METHOD OF USE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Terminal Disclaimer (1 page)

Number of pages being transmitted, including this page: 5

Dated: 03/01/06


Shemekia N. Brown

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422
3785

60714197 v1

PTO/SB/21 (00-04)

TRANSMITTAL FORM		Application Number	10/676,841
(to be used for all correspondence after initial filing)		Filing Date	September 30, 2003
		First Named Inventor	TRUCKAI, CSABA
		Art Unit	3739
		Examiner Name	Aaron Roane
Total Number of Pages in This Submission	4	Attorney Docket Number	021447-000710US

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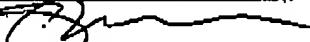
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/>	
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/>	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/>	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/>	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel M. Harris		
Date	03/01/06	Reg. No.	44,743

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Shemekia N. Brown
	Date 03/01/06

60714302 v1

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130)

<i>Complete If Known</i>	
Application Number	10/676,841
Filing Date	September 30, 2003
First Named Inventor	TRUCKAI, CSABA
Examiner Name	Aaron Roane
Art Unit	3739
Attorney Docket No.	021447-000710US

FEE TRANSMITTAL
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MAR 01 2006**METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1490 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)
50
25

Each independent claim over 3 (including Reissues)

Fee (\$)
200
100

Multiple dependent claims

Fee (\$)
360
180Total Claims Extra Claims Fee (\$) Fee Paid (\$)Multiple Dependent ClaimsFee (\$)
Fee Paid (\$)

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

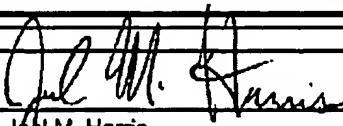
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer 130**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 44,743	Telephone 650-328-2400
Name (Print/Type)	Joel M. Harris		Date 03/01/06

60714161 v1